

ART B—ISSUE FEE TRANSMITTAL

242 645
561 15

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addresses entered in Block 3 unless you direct otherwise by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of issue fee or thereafter. See reverse for Certificate of Mailing, below.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Burd, 1 Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

1. CORRESPONDENCE ADDRESS
R3M1/1210
COOLEY GODWARD CASTRO
HUDDLESON & TATUM
FIVE PALO ALTO SQUARE
3000 EL CAMINO REAL
PALO ALTO CA 94306

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
INVENTOR'S NAME	
Street Address	RECEIVED Publishing Division
City, State and Zip Code	
CO-INVENTOR'S NAME	
DEC 26 1996	
Street Address	
04	
City, State and Zip Code	
<input type="checkbox"/> Check if additional changes are enclosed	

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/660,460	06/07/96	017	DINH, D	2317 12/10/96
First Named Applicant LUDWIG, LESTER F.				

TITLE OF INVENTION MULTIMEDIA COLLABORATION SYSTEM WITH SEPARATE DATA NETWORK AND A/V NETWORK CONTROLLED BY INFORMATION TRANSMITTING ON THE DATA NETWORK (AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
2	VCOR-001/03U	395-200.020	H38	UTILITY	YES \$645.00	03/10/97

3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 COOLEY GODWARD LLC
2 CRAIG P. OPPERMAN
3

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE: VICOR INC.
(2) ADDRESS: (CITY & STATE OR COUNTRY) 505 HAMILTON AVE PALO ALTO, CA 94301

6a. The following fees are enclosed:
☒ Issue Fee ☒ Advance Order - # of Copies 5
6b. The following fees should be charged to: 03-3117
DEPOSIT ACCOUNT NUMBER (ENCLOSE A COPY OF THIS FORM)
☐ Issue Fee ☐ Advance Order - # of Copies
☒ Any Deficiencies in Enclosed Fees

A. ☐ This application is NOT assigned.

☒ Assignment previously submitted to the Patent and Trademark Office.

☐ Assignment is being submitted under separate cover. Assignment should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature) (Date) Dec 18, 96

NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

Certificate of Mailing

Note: If this certificate of mailing is used, it can be used to transmit the Issue Fee. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE
Assistant Commissioner for Patents
Washington, D.C. 20231

810 BL 01/14/97 08660460
1 242 645.00 CK
1 561 15.00 CK

on: DECEMBER 18, 1996 (Date)
FLORIAN S. CALAMOUZIS (Name of person making deposit)
(Signature)
12/18/96 (Date)

PART B - ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressees entered in Block 1 unless you direct otherwise by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of issue Fee or thereafter. See reverse for Certificate of Mailing, below.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231.

1. CO- INVENTOR ADDRESS
COOLEY GODWARD CASTRO
HUDDLESON & TATUM
FIVE PALO ALTO SQUARE
3000 EL CAMINO REAL
PALO ALTO CA 94306

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
INVENTOR'S NAME	
Street Address	RECEIVED Publishing Division DEC 26 1996 04
City, State and Zip Code	
CO-INVENTOR'S NAME	
Street Address	04
City, State and Zip Code	
<input type="checkbox"/> Check if additional changes are enclosed	

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/660,460	06/07/96	017	DINH, D	2317 12/10/96
First Named Applicant	LUDWIG, LESTER F.			

TITLE OF INVENTION MULTIMEDIA COLLABORATION SYSTEM WITH SEPARATE DATA NETWORK AND A/V NETWORK CONTROLLED BY INFORMATION TRANSMITTING ON THE DATA NETWORK (AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
2	VCOR-001/03U	395-200.020	H38	UTILITY	YES \$645.00	03/10/97

3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents; OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 COOLEY GODWARD & L
2 CRAIG P. OPPERMAN
3

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE
VICOR INC.
(2) ADDRESS (CITY & STATE OR COUNTRY)
505 HAMILTON AVE. PALO ALTO, CA 94301

6a. The following fees are enclosed:
☒ Issue Fee ☒ Advance Order - # of Copies **5**
6b. The following fees should be charged to:
DEPOSIT ACCOUNT NUMBER **03-3117**
(ENCLOSE A COPY OF THIS FORM)
☐ Issue Fee ☐ Advance Order - # of Copies
☒ Any Deficiencies in Enclosed Fees.

A. ☐ This application is NOT assigned.

☒ Assignment previously submitted to the Patent and Trademark Office.

☐ Assignment is being submitted under separate cover. Assignment should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the issue Fee to the application identified above.

(Authorized Signature) **[Signature]** (Date) **DEC 18, 96**

NOTE: The issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

Certificate of Mailing

Note: If this certificate of mailing is used, it can be used to transmit the issue Fee. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Box ISSUE FEE

Assistant Commissioner for Patents
Washington, D.C. 20231

on: **DECEMBER 18, 1996** (Date)
FLANNE E. CALIMQUIN (Name of person making deposit)
[Signature] (Signature)
12/18/96 (Date)